

Case Number:	CM13-0065016		
Date Assigned:	03/03/2014	Date of Injury:	09/27/2010
Decision Date:	05/27/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 37-year-old gentleman who was injured September 27, 2010 sustaining injury to the low back. Imaging includes a September 24, 2013 lumbar MRI scan that specific to the L5-S1 level describes disc desiccation with prior lumbar laminectomy and a right ventral epidural mass with mass contact of the exiting right SI nerve root. Based on failed conservative care and this imaging finding, an anterior lumbar interbody fusion at the L5-S1 level with a one day inpatient length of stay was recommended. This was based on recent progress report of [REDACTED] of October 3, 2013 who demonstrated the claimant was with continued right lower extremity pain since prior surgical process and continued to be symptomatic with positive straight leg raising, weakness with plantar flexion and sensory loss in an L1 dermatomal distribution. Lumbar myelogram was reviewed from November 7, 2013 which showed an extruded disc fragment at the L5-S1 level, asymmetric to the right.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

ANTERIOR LUMBAR INTERBODY FUSION AT L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

Decision rationale: Based on California ACOEM Guidelines, an interbody fusion at the L5-S1 level would not be supported. CA MTUS states, "Except for cases of trauma-related spinal fracture or dislocation, fusion of the spine is not usually considered during the first three months of symptoms. Patients with increased spinal instability (not work-related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. There is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. There is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on." While this individual is with recurrent disc extrusion at the L5-S1 level, there is no recurrent documentation of segmental instability that would support or necessitate the need of a fusion. While a revision discectomy procedure would be appropriate in this individual, lack of documentation of segmental instability would not recommend surgical process as requested.

ONE DAY INPATIENT STAY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

Decision rationale: CA MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, a one day inpatient stay would not be indicated as the need for operative intervention has not been established. The request for one day inpatient stay is not medically necessary.